

Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number :		20140005		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: McGarrigle for Senate												
Street Address: 50 South Providence Road												
City: Media						State: PA			Zip Code: 19063			
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6. X	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	ANNUAL REPORT	7.	Year 2015	FILING METHOD () CHECK ONE			PAPER <input checked="" type="checkbox"/>	DISKETTE				
Name of Office Sought by Candidate:						DATE OF ELECTION			District Number	Office Code	Party Code	County Code
						MO	DAY	YEAR				
						11	3	2015				
									(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		10	20	2015		11	23	2015				
A. Amount Brought Forward From Last Report						\$ 67,845.67						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 500.00						
C. Total Funds Available (Sum Of Lines A and B)						\$ 68,345.67						
D. Total Expenditures (From Schedule III)						\$ 14,311.89						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 54,033.78						
F. Value Of In-Kind Contributions Received (From Schedule II)						\$ 0.00						
G. Unpaid Debts And Obligations (From Schedule IV)						\$ 50,000.00						

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3, 1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
McGarrigle for Senate	From: <u>10/20/2015</u> To: <u>11/23/2015</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 0.00

2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)	
Contributions Received From Political Committees (Part A)	\$ 250.00
All Other Contributions (Part B)	\$ 250.00
TOTAL for the Reporting Period (2)	\$ 500.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 0.00
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 0.00

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)	
TOTAL for the Reporting Period (4)	\$ 0.00

Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 500.00
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PART A
CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES
\$50.01 TO \$250.00

**Use this Part to itemize only contributions received from political committees
with an aggregate value from \$50.01 to \$250.00 in the reporting period.**

Name of Filing Committee or Candidate McGarrigle for Senate	Reporting Period From: <u>10/20/2015</u> To: <u>11/23/2015</u>		
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">DATE</td> <td style="width: 40%;">AMOUNT</td> </tr> </table>		DATE	AMOUNT
DATE	AMOUNT		

Full Name of Contributing Committee Citizens for A Better Commonweath			MO	DAY	YEAR	\$ 250.00
Mailing Address PO Box 12090			10	28	2015	
City Harrisburg	State PA	Zip Code (Plus 4) 17108				

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL
\$ 250.00

PART B
ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

**Use this Part to itemize all other contributions with an aggregate value from
\$50.01 to \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part A)**

Name of Filing Committee or Candidate	Reporting Period
McGarrigle for Senate	From: <u>10/20/2015</u> To: <u>11/23/2015</u>

				DATE			AMOUNT		
Full Name of Contributor					MO	DAY	YEAR	\$	250.00
James J Phillips									
Mailing Address					11	4	2015		
2 Springfield Road									
City		State		Zip Code (Plus 4)					
Aldan		PA		190184032					

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL
\$ 250.00

PART C

Contributions Received From Political Committees

OVER \$250.00

Use this Part to itemize only contributions received from Political committees with an aggregate value from Over \$250.00 in the reporting period.

Name of Filing Committee or Candidate	Reporting Period	
	From:	To:

			DATE			AMOUNT	
Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00	
Mailing Address							
City	State	Zip Code (Plus 4)					

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 0.00

PART D
ALL OTHER CONTRIBUTIONS
OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of
over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate	Reporting Period
	From: To:

				DATE	AMOUNT		
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (Plus 4)					
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business			City	State	Zip Code (Plus 4)		

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 0.00

PART E
OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Name of Filing Committee or Candidate	Reporting Period
	From: To:

			DATE		AMOUNT	
Full Name			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Receipt Description						

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 0.00

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

**USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS
DURING THE REPORTING PERIOD.**

Detailed Summary Page

Name of Filing Committee or Candidate		Reporting Period	
McGarrigle for Senate		From: <u>10/20/2015</u> To: <u>11/23/2015</u>	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period		(1)	\$ 0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period		(2)	\$ 0.00
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Period		(3)	\$ 0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)			\$ 0.00

SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	Reporting Period From: To:
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Description of Contribution:						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						PAGE TOTAL \$ 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
McGarrigle for Senate	From <u>10/20/2015</u> To: <u>11/23/2015</u>

DATE				AMOUNT			
To Whom Paid Meredith Buettner Kelemen				MO	DAY	YEAR	\$ 8,445.00
Mailing Address 94 N. Bacton Road				10	20	2015	
City Malvern		State PA	Zip Code (Plus 4) 19355	Description of Expenditure Fundraising Services			
To Whom Paid Run for Heros Inc.				MO	DAY	YEAR	\$ 250.00
Mailing Address P.O. Box 382				10	20	2015	
City Springfield		State PA	Zip Code (Plus 4) 19064	Description of Expenditure Contribution			
To Whom Paid Upper Darby Marine Corps. League #884				MO	DAY	YEAR	\$ 75.00
Mailing Address P.O. Box 2600				10	20	2015	
City Upper Darby		State PA	Zip Code (Plus 4) 19082	Description of Expenditure Advertising Expense			
To Whom Paid Upper Darby GOP				MO	DAY	YEAR	\$ 1,000.00
Mailing Address 100 Garrett Road				10	26	2015	
City Upper Darby		State PA	Zip Code (Plus 4) 19082	Description of Expenditure Contribution			
To Whom Paid Delaware County GOP				MO	DAY	YEAR	\$ 1,000.00
Mailing Address 321 W. Front Street				10	26	2015	
City Media		State PA	Zip Code (Plus 4) 19063	Description of Expenditure Contribution			

To Whom Paid The Delaware County News Network			MO	DAY	YEAR	\$ 355.00
Mailing Address 1914 Parker Ave.			10	26	2015	
City Holmes	State PA	Zip Code (Plus 4) 19043	Description of Expenditure Advertising Expense			

To Whom Paid DCVMA			MO	DAY	YEAR	\$ 375.00
Mailing Address P.O. Box 183			10	26	2015	
City Newtown Square	State PA	Zip Code (Plus 4) 19073	Description of Expenditure Advertising Expense			

To Whom Paid Meredith Buettner Kelemen			MO	DAY	YEAR	\$ 132.05
Mailing Address 94 N. Bacton Road			10	30	2015	
City Malvern	State PA	Zip Code (Plus 4) 19355	Description of Expenditure Reimbursed Campaign Expenses			

To Whom Paid Upper Providence Township Republican Committee			MO	DAY	YEAR	\$ 100.00
Mailing Address 1128 Roberts Road			10	30	2015	
City Media	State PA	Zip Code (Plus 4) 19063	Description of Expenditure Contribution			

To Whom Paid Merves Amon & Barsz LLC			MO	DAY	YEAR	\$ 1,500.00
Mailing Address 50 South Providence Road			11	2	2015	
City Media	State PA	Zip Code (Plus 4) 19063	Description of Expenditure Accounting Services			

To Whom Paid Nick Cocco			MO	DAY	YEAR	\$ 500.00
Mailing Address 10 Laurel Lane			11	6	2015	
City Newtown Square	State PA	Zip Code (Plus 4) 19073	Description of Expenditure Consultant Services			

To Whom Paid Thomas McGarrigle			MO	DAY	YEAR	
Mailing Address 1390 Eaves Spring Road			11	6	2015	
City Malvern	State PA	Zip Code (Plus 4) 19355	Description of Expenditure Reimbursed Campaign Expenses			

To Whom Paid PA Farm Bureau			MO	DAY	YEAR	
Mailing Address P.O. Box 8736			11	16	2015	
City Camp Hill	State PA	Zip Code (Plus 4) 170018736	Description of Expenditure Membership Application			

To Whom Paid Friends of Jamie Santora			MO	DAY	YEAR	
Mailing Address 321 West Front Street			11	18	2015	
City Media	State PA	Zip Code (Plus 4) 19063	Description of Expenditure Contribution			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 14,311.89

SCHEDULE IV

STATEMENT OF UNPAID DEBTS

**Use this Section to itemize all unpaid debts and obligations
which are outstanding at the end of the reporting period**

Name of Filing Committee or Candidate McGarrigle for Senate				Reporting Period From: <u>10/20/2015</u> To: <u>11/23/2015</u>			
							Outstanding Balance of Debt
				DATE			
Name of Creditor Springfield Republican Party				MO	DAY	YEAR	\$ 50,000.00
Mailing Address 42 Congress Avenue				10	23	2014	
City Springfield	State PA	Zip Code (Plus 4) 19064		Description of Debt LOAN			
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							PAGE TOTAL \$ 50,000.00